Healthy Child Manitoba
Putting children and families first

Manitoba

3rd Floor – 332 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3A 0E2
T 204-945-2266 F 204-948-2585 **Toll-Free** 1-888-848-0140
www.manitoba.ca

His Honour the Honourable Philip S. Lee, C.M., O.M.
Lieutenant-Governor of Manitoba
Room 235 Legislative Building
Winnipeg, MB R3C 0V8

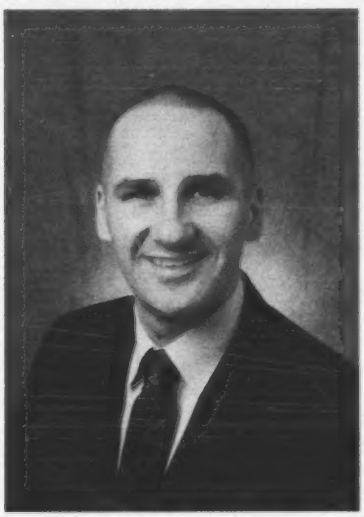
May It Please Your Honour:

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2013/14.

Respectfully submitted,

"Original Signed By"

Kevin Chief
Chair, Healthy Child Committee of Cabinet,
Minister responsible for
The Healthy Child Manitoba Act, and
Minister of Children and Youth Opportunities



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Honourable Kevin Chief
Chair, Healthy Child Committee of Cabinet
314 Legislative Building
Winnipeg, MB R3C 0V8

Dear Minister:

We have the honour of presenting to you the 2013/14 Annual Report of the Healthy Child Manitoba Office.

This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2013/14, consistent with current Healthy Child Committee of Cabinet priorities of early childhood development (ECD), mental health, crime prevention, and integrated services, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Undertaking the Starting Early/Starting Strong dialogue, a five month, province-wide consultation on early childhood development (ECD), inviting input from parents, stakeholders, and experts from across Manitoba;
- In November 2013, co-hosting the first provincial ECD Summit, with the United Way of Winnipeg and the Winnipeg Poverty Reduction Council, and support from the Business Council of Manitoba and the Winnipeg Chamber of Commerce, which included the release of the *Starting Early, Starting Strong: Manitoba's ECD Framework*, based on public input from the provincial ECD dialogue with Manitobans; and the Premier's launch of the ECD Innovation Fund, a national first, with initial contributions of $500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Collaborating to establish the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new conditions to support the well-being of young children in Point Douglas;
- Continuing to collaborate with the Partners for Integrated Inner-city Prenatal Care (PIIPC) pilot project to enhance services in seven Healthy Baby sites;
- Completing the second year of implementation of the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;

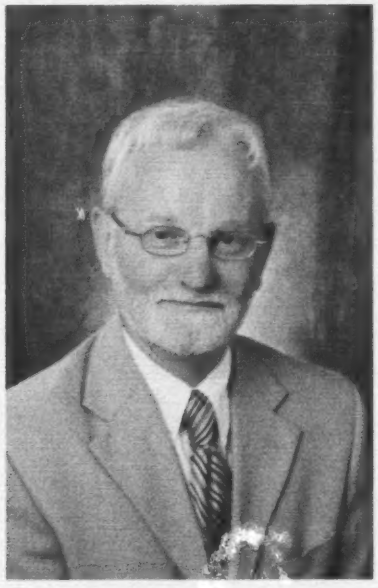
- Continuing to implement Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools;
- Continuing to offer the Triple P Parent Line, staffed by trained Triple P counsellors, providing Manitoba parents with free, confidential parenting support based on the Triple P - Positive Parenting Program with Triple P training for practitioners continuing to be offered province-wide;
- Continuing the province-wide pilot and evaluation of the PAX Good Behaviour Game in Grade 1 classrooms;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening ECD opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners, as well as through the Intersectoral Strategic Aboriginal Alignment (ISAA) Memorandum of Collaboration (MoC) partnership between the City of Winnipeg, Government of Canada and Government of Manitoba;
- In May 2013, together with Roots of Empathy (ROE) founder Mary Gordon, celebrating 10 years of offering the award-winning ROE program in schools across Manitoba;
- Continuing the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners;
- Beginning to develop a provincial framework and action plan for child and youth mental health, in collaboration with Manitoba Health, Healthy Living and Seniors and the other HCCC partner departments, as part of *Rising to the Challenge,* the province's mental health strategic plan, in concert with OCCYMH;
- Continuing progress on implementing Communities That Care (CTC) in the pilot communities; and
- Continuing to support the Towards Flourishing project to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children and youth.

Respectfully submitted,

"Original Signed By"

Jan Sanderson
Secretary to Healthy Child Committee of Cabinet,
Chief Executive Officer, Healthy Child Manitoba Office, and
Deputy Minister of Children and Youth Opportunities



"Original Signed By"

Gerald Farthing
Chair, Healthy Child Deputy Ministers' Committee, and
Deputy Minister of Education and Advanced Learning

Enfants en santé Manitoba
Les enfants et les familles d'abord

Manitoba

3e étage - 332 avenue Bannatyne, Winnipeg (Manitoba) Canada R3A 0E2
Tél. : 204-954-2266 **Téléc. :** 204-948-2585 **Sans frais :** 1-888-848-0140
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Monsieur Kevin Chief
Président du Comité ministériel pour Enfants en santé
Palais législatif, bureau 314
Winnipeg (Manitoba) R3C 0V8

Monsieur le Ministre,

Nous avons l'honneur de vous remettre le rapport annuel du Bureau d'Enfants en santé Manitoba pour l'exercice 2013-2014.

Ce rapport reflète l'engagement continu du gouvernement et des partenaires communautaires envers la stratégie Enfants en santé Manitoba afin de mettre en œuvre une politique publique axée sur l'enfant. En 2013-2014, conformément aux priorités du Comité ministériel pour Enfants en santé (le développement du jeune enfant, la santé mentale, la prévention du crime et l'intégration des services), les activités menées et les objectifs atteints du Bureau comprenaient :

- l'établissement du dialogue « Commencez tôt, commencez bien », une consultation de cinq mois à l'échelle provinciale concernant le développement du jeune enfant, sollicitant les commentaires de parents, d'intervenpants et d'experts de tout le Manitoba;
- l'accueil du premier sommet provincial sur le développement du jeune enfant en novembre 2013, en partenariat avec Centraide Winnipeg et le Winnipeg Poverty Reduction Council, et avec l'appui du Conseil manitobain des entreprises et de la Winnipeg Chamber of Commerce. Ce sommet a inclus la publication de « Commencez tôt, commencez bien – Cadre de travail du Manitoba pour le développement de la petite enfance », fondé sur les commentaires du public reçus lors du dialogue provincial entre la Province et les Manitobains sur le développement du jeune enfant, ainsi que le lancement du Fonds des innovations en développement du jeune enfant par le premier ministre. Les contributions initiales au Fonds, qui est premier en son genre au pays, ont été de 500 000 $ chacune et sont provenues du Manitoba et de la Fondation de la famille J.W. McConnell respectivement;
- la collaboration en vue de l'établissement du Winnipeg Boldness Project, une initiative ambitieuse soutenue par le Fonds des innovations en développement du jeune enfant dont l'objectif est de créer des conditions favorisant considérablement le bien-être des jeunes enfants de Pointe Douglas. Ce projet axé sur le développement du jeune enfant s'appuiera sur des connaissances communautaires et autochtones approfondies, ainsi que sur des données scientifiques de fine pointe;

- la poursuite de la participation au projet pilote Partners for Integrated Inner-city Prenatal Care afin d'améliorer les services offerts dans sept sites Bébés en santé;
- l'achèvement de la deuxième année de mise en œuvre du centre modèle de développement du jeune enfant de Lord Selkirk Park, qui fait appel à l'approche Abecedarian renommée d'apprentissage des jeunes enfants;
- la poursuite de la mise en œuvre de Semailles de l'empathie dans les centres de la petite enfance, les programmes Bon départ à l'intention des Autochtones et les prématernelles, dans le cadre d'un essai clinique aléatoire;
- l'offre continue de la ligne Triple P pour les parents, dotée de conseillers formés qui fournissent aux parents manitobains du soutien confidentiel et gratuit fondé sur le Programme de pratiques parentales positives (Triple P). De la formation dans le cadre de ce programme est toujours offerte aux praticiens de toute la province;
- la poursuite dans toute la province du projet pilote et de l'évaluation du jeu de la bonne conduite PAX dans les classes de 1re année;
- la réalisation de progrès soutenus dans la Stratégie interministérielle de prévention de l'ensemble des troubles causés par l'alcoolisation fœtale qui s'appuie sur la prévention, l'intervention, le soutien et les initiatives de recherche;
- le renforcement des possibilités de développement du jeune enfant au niveau communautaire, grâce à la collaboration entre les coalitions axées sur les parents et les enfants, les divisions scolaires manitobaines et les partenaires communautaires, ainsi qu'à l'entente de collaboration de la stratégie intergouvernementale d'harmonisation visant les Autochtones, un partenariat entre la Ville de Winnipeg, le gouvernement fédéral et le gouvernement du Manitoba;
- la célébration, en mai 2013, marquant les dix ans de l'offre du programme primé Racines de l'empathie dans les écoles de tout le Manitoba, en compagnie de la fondatrice du programme, Mme Mary Gordon;
- la poursuite du travail du Comité de surveillance pour la santé mentale des enfants et des jeunes, qui est co-présidé par des dirigeants représentant le système d'éducation et celui de santé ainsi que des ministères partenaires du Comité ministériel pour Enfants en santé, en vue de répondre aux recommandations de la Manitoba Association of School Superintendents et d'autres partenaires communautaires;
- l'entreprise de l'élaboration d'un cadre et d'un plan d'action provinciaux visant la santé mentale des enfants et des jeunes, en collaboration avec Santé, Vie saine et Aînés Manitoba et les autres ministères partenaires du Comité ministériel pour Enfants en santé. Ce travail s'inscrit dans le cadre du plan stratégique provincial de promotion de la santé mentale *Relever le défi*, une collaboration avec le Comité de surveillance pour la santé mentale des enfants et des jeunes;

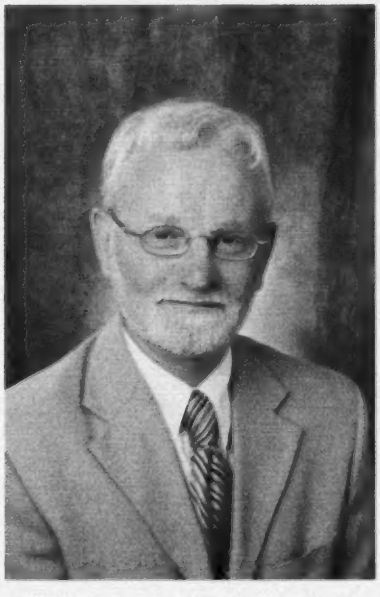
- la poursuite de la mise en œuvre du projet *Communities That Care* dans les collectivités pilotes;
- le soutien continu offert au projet Vers l'épanouissement en vue d'améliorer la santé mentale des parents et des enfants qui participent au programme manitobain de visites à domicile Les familles d'abord. Ce projet est un partenariat entre l'Office régional de la santé de Winnipeg et l'Université du Manitoba, et est financé par l'Agence de la santé publique du Canada.

Le Bureau d'Enfants en santé Manitoba cherche toujours à obtenir les meilleurs résultats possible pour les enfants et les jeunes du Manitoba.

Le tout respectueusement soumis,

Original signé par:

Jan Sanderson
Secrétaire du Comité ministériel pour Enfants en santé,
directrice générale du Bureau d'Enfants en santé Manitoba et
sous-ministre des Enfants et des Perspectives pour la jeunesse



Original signé par:

Gerald Farthing
Président du Comité des sous-ministres pour Enfants en santé et
sous-ministre de l'Éducation et de l'Enseignement supérieur

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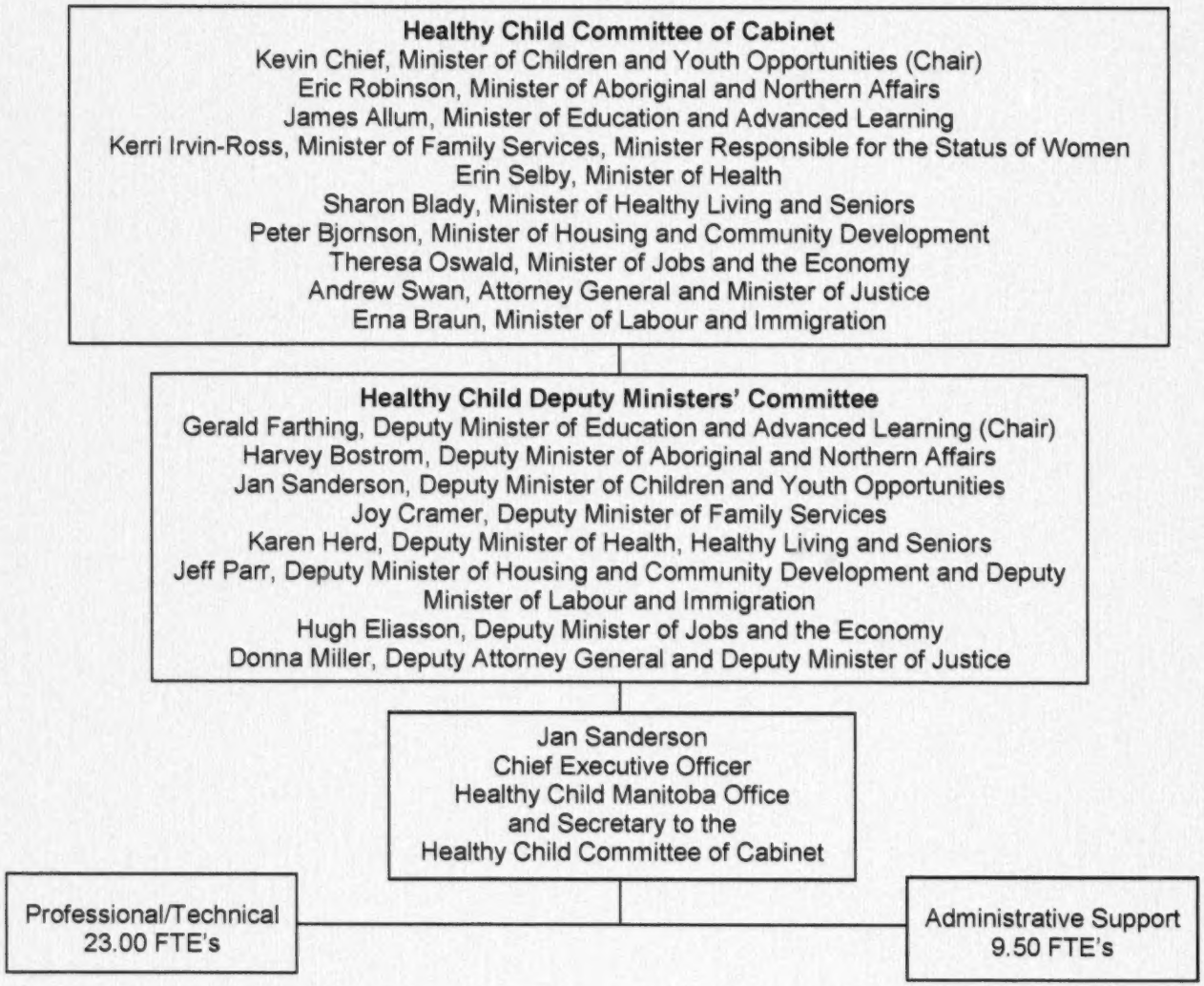
HEALTHY CHILD MANITOBA OFFICE
ORGANIZATION CHART
March 31, 2014


Healthy Child Committee of Cabinet
Kevin Chief, Minister of Children and Youth Opportunities (Chair)
Eric Robinson, Minister of Aboriginal and Northern Affairs
James Allum, Minister of Education and Advanced Learning
Kerri Irvin-Ross, Minister of Family Services, Minister Responsible for the Status of Women
Erin Selby, Minister of Health
Sharon Blady, Minister of Healthy Living and Seniors
Peter Bjornson, Minister of Housing and Community Development
Theresa Oswald, Minister of Jobs and the Economy
Andrew Swan, Attorney General and Minister of Justice
Erna Braun, Minister of Labour and Immigration
Healthy Child Deputy Ministers' Committee
Gerald Farthing, Deputy Minister of Education and Advanced Learning (Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Jan Sanderson, Deputy Minister of Children and Youth Opportunities
Joy Cramer, Deputy Minister of Family Services
Karen Herd, Deputy Minister of Health, Healthy Living and Seniors
Jeff Parr, Deputy Minister of Housing and Community Development and Deputy Minister of Labour and Immigration
Hugh Eliasson, Deputy Minister of Jobs and the Economy
Donna Miller, Deputy Attorney General and Deputy Minister of Justice
Jan Sanderson
Chief Executive Officer
Healthy Child Manitoba Office
and Secretary to the
Healthy Child Committee of Cabinet
Professional/Technical
23.00 FTE's
Administrative Support
9.50 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office (HCMO), which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the office's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

As legislated by *The Healthy Child Manitoba Act*, Healthy Child Manitoba (HCM) is the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first. Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), HCMO works across departments and sectors to facilitate a community development approach toward achieving the best possible outcomes for Manitoba's children and youth (prenatal to 18 years).

Background

In March 2000, the Government of Manitoba established the provincial HCM Strategy and the Premier created the HCCC. In 2013/14, the HCCC Chair was Minister of Children and Youth Opportunities Kevin Chief, appointed by the Premier in January 2012, succeeding Past Chairs Minister of Healthy Living, Youth and Seniors (November 2009- January 2012), Minister of Healthy Living (September 2006-November 2009), Minister of Healthy Living (October 2004-September 2006), Minister of Healthy Living (November 2003-October 2004), and Minister of Family Services and Housing/Minister of Energy, Science and Technology (March 2000-November 2003). HCCC develops and leads child-centred public policy across government and facilitates interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a statutory committee of Cabinet, HCCC signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office.

Healthy Child Committee of Cabinet (HCCC) 2013/14

Kevin Chief, Chair, Healthy Child Committee of Cabinet, Minister of Children and Youth Opportunities
Eric Robinson, Minister of Aboriginal and Northern Affairs
James Allum, Minister of Education and Advanced Learning
Kerri Irvin-Ross, Minister of Family Services, Minister Responsible for the Status of Women
Erin Selby, Minister of Health
Sharon Blady, Minister of Healthy Living and Seniors
Peter Bjornson, Minister of Housing and Community Development
Theresa Oswald, Minister of Jobs and the Economy
Andrew Swan, Attorney General and Minister of Justice
Erna Braun, Minister of Labour and Immigration

Directed by HCCC, the Healthy Child Deputy Ministers' Committee (HCDMC), comprising the Deputy Ministers of the ten HCCC partner departments, share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensuring the timely preparation of proposals, implementation plans and resulting delivery of all initiatives under the HCM Strategy. Currently chaired by the Deputy Minister of Education, HCDMC meets on a bi-monthly basis.

Healthy Child Deputy Ministers' Committee (HCDMC) 2013/14

Gerald Farthing, Deputy Minister of Education (Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Jan Sanderson, Deputy Minister of Children and Youth Opportunities
Joy Cramer, Deputy Minister of Family Services
Karen Herd, Deputy Minister of Health, Healthy Living and Seniors
Jeff Parr, Deputy Minister of Housing and Community Development and Deputy Minister of Labour and Immigration
Hugh Eliasson, Deputy Minister of Jobs and the Economy
Donna Miller, Deputy Attorney General and Deputy Minister of Justice

Provincial Healthy Child Advisory Committee 2013/14

The Healthy Child Manitoba Act also mandates the Provincial Healthy Child Advisory Committee. Its role is to contribute to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy. The Committee consists of ministerial appointees drawn from community, educational, academic and government backgrounds. The Committee is chaired by James Wilson, Treaty Relations Commissioner of Manitoba, and former director of the Opaskwayak Cree Nation Educational Authority. James Wilson follows the appointment of former chair Strini Reddy; a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba. In 2013/14, the Committee continues to focus attention on creating recommendations for the development of an integrated provincial Early Childhood Development (ECD) strategy for Manitoba children and families, as well as strengthening provincial supports for youth.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children and youth (prenatal to age 18 years).

Objectives

The major responsibilities of HCMO are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children and youth;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and promoting healthy child development through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of child and youth well-being.

Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2013/14, HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCMO is committed to putting the interests of children and families first; and to building the best possible future for Manitoba through two major activities: (I) program development and implementation, and (II) policy development, research and evaluation.

In 2013/14, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Continuing to collaborate with the Partners for Integrated Inner-City Prenatal Care (PIIPC) pilot project to enhance services in seven Healthy Baby sites;
- Completing the second year of implementation of the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;
- Continuing to implement Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Continuing to offer the Triple P Parent Line, staffed by trained Triple P counsellors, providing Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting Program, with Triple P training for practitioners continuing to be offered provincewide;
- Continuing the province-wide pilot and evaluation of the PAX Good Behaviour Game in Grade 1 classrooms;
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening ECD opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners, as well as through the Intersectoral Strategic Aboriginal Alignment (ISAA) Memorandum of Collaboration (MoC) partnership between the City of Winnipeg, Government of Canada and Government of Manitoba;

- Beginning in July 2013, supporting *Starting Early, Starting Strong*, your 5-month dialogue on ECD with communities and partners from across Manitoba;
- In November 2013, co-hosting the first provincial ECD Summit, with the United Way of Winnipeg and the Winnipeg Poverty Reduction Council, and support from the Business Council of Manitoba and the Winnipeg Chamber of Commerce, which included your release of the *Starting Early, Starting Strong: Manitoba's ECD Framework*, based on public input from your provincial ECD dialogue with Manitobans; and the Premier's launch of the ECD Innovation Fund, a national first, with initial contributions of $500,000 each from Manitoba and the J. W. McConnell Family Foundation;
- Collaborating to establish the Winnipeg Boldness Project, an ambitious initiative supported by the ECD Innovation Fund to create new conditions to support the well-being of young children in Point Douglas;
- In May 2013, together with Roots of Empathy (ROE) founder Mary Gordon, celebrating 10 years of offering the award-winning ROE program in schools across Manitoba;
- Continuing the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners;
- Beginning to develop a provincial framework and action plan for child and youth mental health, in collaboration with Manitoba Health, Healthy Living and Seniors and the other HCCC partner departments, as part of *Rising to the Challenge,* the province's mental health strategic plan, in concert with OCCYMH;
- Continuing progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities; and
- Continuing to support the Towards Flourishing project, to improve the mental health of parents and children who participate in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC).

Sustainable Development

The Sustainable Development Act sets out principles for HCMO to follow in integrating considerations for the environment, human health, and social well-being into daily operations. Guided by its mandate to work across departments and sectors to improve the well-being of Manitoba's children, youth, families and communities, HCMO activities and achievements related to sustainable development are represented throughout this report.

I. HCMO Program Development and Implementation

The well-being of Manitoba's children and youth is a government-wide priority. HCMO program development and implementation activities continue to focus on the five original HCCC core commitments (March 2000): parent-child centres, prenatal and early childhood nutrition, prevention of Fetal Alcohol Spectrum Disorder (FASD), nurses in schools, and adolescent pregnancy prevention. Over time, these commitments have evolved and expanded respectively, as follows:

- Parent-Child Coalitions
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Middle Childhood and Adolescent Development

HCMO program development and implementation are supported by the HCCC partner departments, as well as Manitoba Municipal Governments who together, work to coordinate and improve programs for children and youth across departments.

HCMO program development and implementation includes initiatives for early childhood development (ECD), FASD prevention and support, middle childhood and adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

A focus of the Early Childhood Development portfolio is to raise the profile of the evidence and programs that support children prenatal to age 6 years. Research shows that investments in ECD, through universal and targeted early childhood programs and services, strengthen the foundation for children's lifelong health, well-being, and learning success. In 2013/14, work continued on developing a provincial ECD strategy, incorporating evidence-based principles and best practice models.

Parent Child Coalitions

Parent Child Coalitions bring together parents, early childhood educators, educators, health care professionals and other community organizations to plan and work collaboratively to promote and support quality, community-based programs and activities for children and families, with a priority focus on the early years.

Parent Child Coalitions operate in every region of the province, organized within Regional Health Authority Boundaries and Winnipeg Community Areas. There are 26 funded parent child coalitions province-wide: 25 regional coalitions (12 regions outside Winnipeg and 13 community areas within Winnipeg) and one cultural/linguistic coalition that serves the needs of Francophone communities.

Parent Child Coalitions plan community activities based on local needs that are determined through community consultations. Community-level Early Development Instrument (EDI) results are shared and used to form the basis of funding and programming decisions. Recognizing that parents are the first, most important and most lasting teachers in a child's life, coalition activities are intended to create opportunities for parents and children to participate together in quality, early childhood programming

Each year, in November, in honour of National Child Day in Canada, HCMO hosts a National Child Day Forum to celebrate children and their families. The gathering, which includes representatives of regional parent child coalitions and community partners from a variety of government and community sectors, presents an opportunity to learn from renowned experts in the field of early childhood development and to acknowledge the work of community initiatives.

In July 2013, Minister Chief launched *Starting Early, Starting Strong*, a provincial dialogue on supporting families through ECD. Recognizing that what happens during the early years can strongly influence children's success throughout the life course, the dialogue offered an opportunity for all Manitobans to "join the conversation" by attending a public meeting or sharing their comments online. The dialogues took place across Manitoba and were well attended by members of the public, various stakeholders groups and community leaders led to a major public ECD Summit on November 20 and 21, 2013.

Co-hosted by United Way of Winnipeg, Winnipeg Poverty Reduction Council and Healthy Child Committee of Cabinet, the Starting Strong Early Childhood Development Summit was an invitational event aimed at bringing together leaders from all sectors to explore the needs and opportunities for children in their early years. On November 20th in the evening, the Summit featured a poverty simulation, a proven tool in building understanding of the many barriers families face living in poverty. On the 21st, the program brought together the voices of economists and business leaders, researchers and scientists, indigenous leaders and local practitioners to talk about the multilayer strategies needed to fundamentally improve outcomes for children.

Triple P – Positive Parenting Program

On March 21, 2005, HCCC announced funding to implement the Triple P - Positive Parenting Program system in Manitoba. Triple P is founded on more than 30 years of rigorous international research conducted with the University of Queensland's Parenting and Family Support Centre in Australia and universities and partners across several countries and cultures. Since the initial announcement in 2005, HCMO has been presenting to and consulting with community agencies, RHAs, child care centres, family resource centres, school divisions, and others to inform and seek partners on this proven approach to supporting Manitoba's parents, with an initial focus on families with children under the age of 12 years and especially under age six years.

In order to reach all parents, the Triple P system is designed as a training initiative to broaden the skills of current service delivery systems (i.e., those working in health, early learning and child care, social services, education), at multiple levels of intensity, from brief consultations to intensive interventions. Parents have the opportunity to access evidence-based information and support, when they need it, from Triple P trained and accredited practitioners in their local community.

During the 2013/14 year, a total of 17 Triple P training courses at various levels were provided across Manitoba (in Winnipeg, Brandon, The Pas and Thompson). Just over 250 practitioners from a host of agencies participated in one or more of these trainings. Since the commencement of training in 2005, more than 2300 practitioners from over 250 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations have participated in Triple P training and have successfully completed accreditation. Feedback from practitioners who have taken training continues to be very positive regarding the quality of the training received. Practitioners have also expressed strong satisfaction and appreciation that training has been offered in the various regions as well as in Winnipeg.

The 2013/14 year also saw the continuation of the unique partnership created between Triple P and the Early Childhood Education program at the University College of the North in The Pas and Thompson to train students in the program in Triple P. This training in Triple P as part of their program of studies provides these students with an additional set of tools that they can use upon graduation and when they are employed in various early learning and child care centres across the province. The current year also saw a number of practitioners from Opaskwayak Cree Nation Child and Family Services (in particular, the family enhancement workers) trained in Triple P.

During the 2011/12 year, HCMO partnered with the Provincial Health Contact Centre to introduce a new flexible and convenient resource for parents – the Triple P Parent Line. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support. The 2013/14 year saw the Parent Line continuing to be consistently used by parents seeking parenting information and consultation.

The 2013/14 year also saw a further strengthening of the Triple P partnership with Manitoba Justice which now sees Justice staff offering Triple P programs to parents in almost all correctional facilities in the province. Feedback to date has been quite positive and the program has proven to be very popular and informative for those attending.

Healthy Baby

In July 2001, HCMO introduced Healthy Baby, a two-part program that includes Healthy Baby Community Support Programs and the Manitoba Prenatal Benefit. Healthy Baby supports women during pregnancy and the child's infancy (up to the age of 12 months) with financial assistance, social support, and nutrition and health education.

Manitoba was the first province in Canada to extend financial benefits into the prenatal period and remains the only province to include residents of First Nations on-reserve communities. The benefit is intended to help women meet their extra nutritional needs during pregnancy and also acts as a mechanism to connect women to health and community resources in their area. Benefits can begin in the month a woman is 14 weeks pregnant and continue to the month of her estimated date of delivery. A woman qualifies for benefits if her net family income is less than $32,000.00. Benefits are provided on a sliding scale based on net family income. The maximum number of months a woman can receive the benefit per pregnancy is seven months and the maximum benefit amount is $81.41. Information sheets on pregnancy, nutrition, baby's development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques.

In 2013/14, the benefit was provided to 3,688 women in Manitoba during their pregnancies, totaling $1,664,781.02. Approximately 48% of approved applicants live in Winnipeg and 52% live in rural Manitoba, of which 31% reside in First Nation communities. Since the program launch date of July 1, 2001, approximately 55,000 women have received benefits totaling over $24 million.

Through consent provided on the Manitoba Prenatal Benefit application form, HCMO is able to connect women to community health services and/or Healthy Baby community support programs as a further means of supporting healthy pregnancies. Referrals are made to both provincial and federal prenatal programs and health agencies (both on and off reserve). In 2013/14, the prenatal benefit office made 4,095 referrals.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, prenatal/postnatal and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.

In 2013/14, HCMO funded 25 agencies (reduced from 32 agencies related to the RHA amalgamation) to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, nutritionists, registered dietitians) to Healthy Baby sites. In urban centres, community-based programs are delivered on a weekly basis by a team which includes a program coordinator and health professionals. In rural and northern centres, Healthy Baby Community Support Programs are delivered primarily on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

Milk coupons are offered through the Healthy Baby Community Support Programs as an incentive to participate and as a nutritional investment. In 2013/14, the province invested $138,015.12 to provide coupons for free milk to expectant mothers and parents of young babies.

Based on the 2010 Manitoba Centre for Health Policy (MCHP) report findings, efforts to increase early reach and program participation among vulnerable populations were enhanced to include increased program promotion, via invitations, posters, bibs and cook books and outreach to provincial Income Assistance offices, immigrant community programs and agencies, physician offices, community health centres and hospitals. Participation rates since 2010 have increased from 3,200 to approximately 3,600 per year.

As a way to reduce inequities in access to and use of prenatal care in Winnipeg, HCMO, WRHA, University of Manitoba and other community stakeholders partnered to support "The Partners for Integrated Inner-City Prenatal Care, (PIIPC) a 3-year research pilot project which utilizes a multidisciplinary collaborative approach to integrate prenatal care (Midwifery) into seven existing Healthy Baby groups in inner city Winnipeg (Freight House Community Centre, Magnus Eliason Recreation Centre, West Broadway–Crossways In Common and Wolseley Family Place, Hope Centre, Trinity Place Church, Four Feathers - Gilbert Park). The pilot started in September 2012. This project will be evaluated to measure impact on pregnancy and birth outcomes.

Annually, Healthy Baby hosts the Healthy Baby Provincial Meetings to provide service providers from across the province the opportunity for professional development and networking opportunities. In 2013/14, Healthy Baby partnered with a number of community agencies in the development of a series of resources/kits for service providers including: breast health, eczema, asthma, food allergy in children, woman and alcohol, sleep experiences and problems for new mothers, among other things.

In 2013/14, Healthy Baby developed a new bilingual brochure for service providers and the public. The brochure highlights both the Manitoba Prenatal Benefit and the Healthy Baby Community Support programs.

HCMO, WRHA and the Adolescent Parent Centre continue to partner and collaborate to deliver a monthly Healthy Baby program to teen students on-site at the Centre. Since May 2011, participation has been very positive with 20-45 students attending each session.

In November 2010, the Manitoba Centre for Health Policy (MCHP) released the evaluation report *Manitoba's Healthy Baby Program: Does it Make a Difference?* which noted positive impacts for women who were involved in either or both components of the Healthy Baby program. Participation in Healthy Baby Community Support Programs was associated with increased adequate prenatal care and increased breastfeeding initiation. The prenatal benefit was found to reach the majority of low-income women; close to 1/3 of all births in Manitoba, are to women who received the benefit during pregnancy. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation.

Families First

Home visiting programs help families meet the early developmental needs of their children. Manitoba's home visiting program, Families First, employs paraprofessionals who receive in-depth training in strength-based approaches to family intervention. The program's goals are to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

Families First is funded and coordinated through HCMO, and delivered through the Regional Health Authorities (RHAs) in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public Health Nurses (PHNs) complete the screening process with all newborns and new parents in Manitoba (over 15,000 births annually). Families identified as requiring additional supports through the screening process are offered an in-home Parent Survey which guides public health staff in determining the level of support most complementary to each family's situation. In 2013/14, HCMO provided funding to RHAs to employ nearly 150 equivalent full-time home visitors province-wide. More than 1465 families received intensive home visiting support from home visitors.

On June 14, 2010 a comprehensive Families First Home Visiting report was released. Evaluation results showed program families have better parenting skills, better psychological well-being, better social support and feel more connected to their neighborhoods than comparison families. In recognition of the important contribution that Home Visitors make to the health and well-being of children and families, June 14 was henceforth proclaimed Home Visitor Day in Manitoba.

Work is continuing on a major demonstration project called Towards Flourishing, funded by the Public Health Agency of Canada. A collaboration between HCMO, the Winnipeg Regional Health Authority and the University of Manitoba, this 5-year intervention evaluation initiative promotes the mental well-being of parents and children by adding a mental health promotion strategy to Manitoba's Families First program (see below).

Support for Training and Professional Development

HCMO ensures that all Families First home visitors and the public health nurses who supervise them receive comprehensive training opportunities to continually improve program outcomes and ensure job satisfaction.

Starting with building the philosophical foundation for work with families and overall program goals, staff receives training related to building trusting relationships, promoting positive parent-child relationships and healthy child development, recognizing family progress and boundaries or limit setting.

In 2006, HCMO began training for home visitors and supervisors working in the Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC). In 2013/14, 12 individuals from 14 First Nation communities received provincial core training. This included practitioners from the communities of Brokenhead, Cross Lake, Dakota Tipi, Keeseekoowenin, Long Plain, Nisichawayasihk, Norway House, Opaskwayak Cree Nation, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, and Waywayseecappo.

In 2013/14, 34 Public Health Nurses (PHNs) received Parent Survey training and 13 PHNs received Advanced Parent Survey training. Three managers also had an opportunity to audit the training. Over 550 PHNs have been trained since the inception of the program. PHNs have opportunities annually for advanced training related to the Parent Survey process.

Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program (2009 – 2015)

Towards Flourishing (TF) is a demonstration project intended to promote the mental well-being of parents and their families through the development and addition of a mental health promotion strategy to Manitoba's Families First home visiting program. The Towards Flourishing Mental Health Promotion Strategy is a collaboration between the Manitoba Centre for Health Policy at the University of Manitoba, the Winnipeg Regional Health Authority, and Healthy Child Manitoba. Funded by the Public Health Agency of Canada's Innovation Strategy (PHAC-IS), *Equipping Canadians – Mental Health Throughout Life,* Towards Flourishing received $2.83 million over 5 years, rolling out in two phases, January 2009 – January 2010 and February 2010 – February 2015. The project was conceptualized as having a program development component (Phase 1) and a program implementation and evaluation component (Phase 2), aimed to improve mental health and decrease mental illness and distress of parents and their children in the Families First home visiting program; strengthen public health workforce capacity to address mental health promotion; and create and sustain mechanisms for effective mental health promotion interventions in community settings across Manitoba.

The initial stages of the TF project were directed primarily to information gathering and entailed extensive literature reviews and a series of consultations with community members, service providers, decision makers, mental health experts and social scientists, leading to the development of a multi-layer strategy including multiple levels of support to families and public health staff:

The new role of mental health promotion facilitator (MHPF) to enhance public health and community capacity to meet the mental health needs of families. The MHPF plays a key role in the delivery of training, supervision and consultation for home visitors and public health nurses around delivery of the mental health intervention. The MHPF acts as a link to refer mothers to other services when the needs of the mother or the family exceed the scope of the home visitor's role.

Mental health education for new parents. These education modules include a dual focus on mental health literacy and mental health promotion on topics that are typically relevant to families with a newborn, such as changes and expectations in the postpartum period, positive mental health coping strategies, and assessments of supports and resources.

Menu of simple everyday strategies to promote positive mental health. Based on the existing evidence base and qualitative input from stakeholders, expert consultants, public health nurses, home visitors, and mothers in the Families First program, each strategy is a simple procedure that mothers can learn and practice, with the aid of some brief instruction from their home visitor.

Training for public health staff to guide the use of new mental health tools and enhance knowledge of mental health promotion. The aim is to increase comfort with and knowledge about mental health and mental illness within the public health team and to encourage public health to see mental health as a part of the core service they deliver. The two-day training supports public health staff to become familiar with using the educational modules and the everyday strategies with families.

Screening for new parents involving a new collection of measures of mental health and well-being. To better assess the mental health and distress of mothers in the Families First program, a screen was compiled with empirically supported measures (Edinburgh PDS, Kessler 10, AUDIT, MH Continuum Short Form). These results are reviewed by the MHPF, public health nurse and home visitor, to ensure appropriate resources are provided to support the mental health needs of the family.

A plan to improve access of families to mental health services, resources and supports and to strengthen collaboration between public health and mental health systems by streamlining communication, consultation, and referral processes. The MHPF, along with the TF team, collaborates and networks with the existing mental health service delivery systems and community resources, with the aim of making a variety of services available to mothers who have needs beyond the scope of the services that will be provided within the TF enhancement to the Families First home visiting program.

Partnerships

The Towards Flourishing strategy is being evaluated with families in Manitoba living in conditions of risk as well as Public Health and Mental Health teams working with families. Partners from multiple sectors and cross cultural groups have been engaged to refine and extend the reach of the Towards Flourishing Strategy including Aboriginal community leaders, multidisciplinary mental health consultants, policy makers and program planners.

Collaborative project partnership agreements have been established with Public Health and Mental Health teams in 12 community areas in Winnipeg, and in four additional regional health authorities in Manitoba. Public Health and Mental Health manager networks across the entire province of Manitoba are also engaged on a regular basis.

The priorities of First Nation families are being addressed through collaboration with leads from the Aboriginal Health Program of the Winnipeg Regional Health Authority and from the federal Strengthening Families Maternal Child Health Program (SF) in First Nations communities. Consultation has been ongoing with a select group of First Nation knowledge keepers who have front line experience working directly with First Nation women and families in Manitoba and are experts in First Nation mental health. A multidisciplinary working group of mental health consultants has been established to enhance access to mental health services and resources and to strengthen linkages between Public Health and Mental Health Programs.

As a result of this collaboration, TF training and materials were provided to 9 of the 14 provincial SF sites in 2013/14. Training for the remaining 5 First Nations sites will occur in the next fiscal year.

A partnership was developed with the *Coalition francophone de la petite enfance du Manitoba* in order to pilot the TF strategy in the French parent support groups – named *Centre de la petite enfance et de la Famille* (CPEF) - that are managed by the *Coalition*.

Les Centres de la Petite Enfance et de la Famille - Francophone Early Childhood Development (ECD) – Hub Model

HCMO continues to support the development and sustainability of the Francophone ECD – Hub Model, « Les centres de la petite enfance et de la famille » (CPEF). This school-based model is designed to provide a comprehensive continuum of integrated services and resources for French language parents of children from prenatal through to school entry. The overall goal is to ensure ECD provincial programs are accessible to Franco-Manitobans in their language of choice. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The CPEF Steering Committee, comprised of members representing the Division scolaire franco-manitobaine, La Federation des parents du Manitoba, La Société franco-manitobaine, and HCMO works with formal committees of government and community partners to address seven key issues: literacy/numeracy, parent education and awareness, support for exogamous families, research, early identification and intervention/multi-disciplinary services, linguistic and cultural supports, and professional training.

The model of CPEF was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École Gabrielle-Roy in Ile des Chênes. In 2006/07, the model was expanded to two additional school settings École Réal Bérard in St. Pierre Jolys and École St. Jean Baptiste. In 2007/08, École Roméo-Dallaire (Winnipeg) and École St-Jean-Baptiste Lagimodière (Lorette) were added. In 2008/09, École St-Georges and École St-Joachim (La Broquerie) were added. In 2009/10, École Notre Dame de Lourdes, and École Taché (satellite St-Boniface), and École Noël-Ritchot (satellite St-Norbert) were added. As of Spring 2014, there are 12 CPEFs, and two satellite locations across the province.

In September 2013, the CPEF model was highlighted in Premier Selinger's presentation at the "Conférence ministérielle sur la francophonie Canadienne". The conference was held in Winnipeg, MB and was attended by ministers of francophone affairs from Canada's provinces and territories. In 2013/14, funding continued to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages. At this event, Leanne Boyd from HCMO was awarded the 2013 Ronald Duhamel Award by Mrs. Carolyn Duhamel.

Seeds of Empathy

HCMO launched Seeds of Empathy (SOE) province-wide in 2010 as an expansion of the popular Roots of Empathy program founded by Mary Gordon. Through a tripartite agreement with the Manitoba First Nations Educational Resource Centre (MFNERC), Aboriginal Affairs and Northern Development Canada (AANDC), and HCMO, SOE has been expanded into First Nations communities across Manitoba. Like Roots of Empathy, Seeds of Empathy is designed to reduce physical aggression and bullying by fostering children's empathy and emotional literacy. The long-term goal is to improve emotional health and build parenting capacity in future generations. While Roots of Empathy is provided in kindergarten to Grade 8 classrooms, Seeds of Empathy is aimed at the early childhood years to be implemented in child care facilities, nursery schools and Aboriginal Head Start programs.

In the 2013/14 school year, Seeds of Empathy was delivered through 63 child care programs in 57 centres across the province. 36 of these programs are delivered to First Nation / Aboriginal children, including 23 programs operating in MFNERC centres. Three training sessions were held in the summer and fall of 2013, with a total of 90 Early Childhood Educators trained to deliver Seeds of Empathy. Of those trained in 2013, 52 (58%) were from First Nations / Aboriginal or Métis centres. Four new training sessions are planned for the late summer/fall of 2014, with an estimated 100 additional Early Childhood Educators to be trained to deliver Seeds of Empathy.

Since 2010, there have been approximately 180 Seeds of Empathy programs delivered throughout the province with an average of 15 children per program. This translates to approximately 2700 children who have now received the Seeds of Empathy program. Seeds of Empathy is an important component of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy.*

Lord Selkirk Park Abecedarian Pilot Project

The Abecedarian Approach is an evidence-based program that has demonstrated short and long-term outcomes for participating children and their families. Over 30 rigorous evaluations have demonstrated the effectiveness of the Abecedarian Approach.

The Abecedarian Approach emphasizes low educator-child ratios and incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional, and cognitive areas of development but give particular emphasis to language.

For the period of April 1, 2013 to March 31, 2014, HCMO provided funding to Manidoo Gi Miini Gonaan to support the second full year of implementation of this pilot project in the Lord Selkirk Park Child Care Centre. The funding supported:

- the Abecedarian curriculum and providing ongoing training and resources;
- a contract with Red River College to provide ongoing faculty time towards the project;
- additional Early Childhood Educator (ECE) staff salary and benefits to meet the Abecedarian staff to child ratios for the 32 infant and preschool spaces;
- a cook and a full food/meal program that includes breakfast, snack and lunch;
- home visitors to work directly with families (using LearningGames®); and
- programming/operational funds for the Family Resource Centre.

HCMO and its community partners are conducting a rigorous evaluation of the project. Baseline data was collected at the onset of the project and annual reassessments are ongoing. As well, HCMO contracted with Red River College to develop a training program to disseminate elements of the Abecedarian Approach to other child care facilities. The program will be piloted in the fall of 2014.

B) FASD Strategy

HCMO addresses Fetal Alcohol Spectrum Disorder (FASD) through public education and awareness, prevention and intervention programs, support services to caregivers and families, and evaluation and research.

In 2007/08, the Province of Manitoba announced a coordinated, multi-year strategy to address FASD in Manitoba. The funding for this strategy is allocated to a number of government departments including Family Services; Health, Healthy Living and Seniors; Education and Advanced Learning; Housing and Community Development; Aboriginal and Northern Affairs; Justice; Jobs and the Economy and Children and Youth Opportunities. HCMO is tasked with leading the coordination of the FASD strategy. The initial strategy included the development of a number of specific initiatives: Spectrum Connections, a youth and adult resource; FASD Specialists to support child and family services agencies; increased diagnostic services for adolescents; funds to enhance public education initiatives; a training strategy to improve service delivery systems; expansion of the InSight Mentoring Program to three rural communities; more support for women with addictions; more training supports for schools divisions; and increased FASD research. Listed below are the components of the Strategy that are funded wholly or in part by HCMO. The development of these initiatives has been completed. Ongoing work includes expanding and stabilizing prevention programming, ongoing development of rural diagnostic capacity, expansion of services to children, youth and adults in both urban and rural areas, expansion of addiction supports to women and families, and development and implementation of the Strategy evaluation.

FASD Prevention

HCMO believes that girls and women need information and support about alcohol use and how it can affect their bodies and their lives. This is especially important when pregnant or planning to become pregnant.
HCMO offers programs and resources to help women have the healthiest possible outcomes for themselves and their families.

InSight Mentoring Program

InSight is an intensive three-year, evidence based outreach program for women who are pregnant or up to 12 months postpartum and are using alcohol and/or drugs. Using harm reduction strategies, mentors provide comprehensive case management for women. They work one-on-one with women to provide practical supports, promote healthy living and connect women to community services. The goal of the program is to facilitate changes related to substance use and the root causes of problematic substance use (trauma, domestic violence, mental illnesses, etc.). The end goal is to build movement toward a healthier lifestyle for women and their children. This woman-centered program uses a trauma-informed approach and is committed to providing holistic, culturally grounded care to clients. There are seven sites across the province which can support up to 234 women.

Project CHOICES

Project CHOICES is a program that provides information and four counselling sessions for women who are at risk of having an alcohol exposed pregnancy. Using motivational interviewing, the program encourages women to reduce their drinking and/or use effective birth control.
Programming is provided in Winnipeg at the Klinic Community Health Centre and at NorWest Co-op Community Health.

The Mothering Project/Manito Ikwe Kagiikwe
The Mothering Project/ Manito Ikwe Kagiikwe is a program run out of Mount Carmel Clinic. It currently offers outreach services to women who are pregnant or parenting children under one year of age.

Be With Child – Without Alcohol
Be With Child – Without Alcohol is a prevention program of Manitoba Liquor & Lotteries (MBLL) that uses television and radio commercials, posters, brochures, information kits and a website to raise public awareness about alcohol use during pregnancy. MBLL consults with HCMO to ensure their public awareness program provides the most accurate and up-to-date information.

Information and Training
Each year HCMO provides information and training about FASD and issues related to alcohol use and pregnancy to service/care providers who work with and care for individuals and families who are affected by FASD.

FASD Supports
HCMO believes that individuals with FASD and their families can benefit from supports and services that address their unique challenges throughout the lifespan. As a result, HCM supports the following FASD specific initiatives.

FASD Family Support, Education and Counseling 6-14 Program
The FASD Family Support, Education and Counseling 6-14 Program is an FASD intervention program providing information and education regarding FASD to individuals, caregivers, service providers and systems. They also provide consultation, short and long term service delivery, advocacy, sensory regulation therapy, and crisis and safety planning to families caring for individuals with confirmed pre-natal exposure to alcohol.

Bridges FASD Intermediate School Program
The Bridges Program is an education model for children with FASD to enhance their school experience and outcomes. This partnership between HCMO, Education and Advanced Learning and the Winnipeg School Division (WSD) was established to identify, review and disseminate best practices in the education and management of students with FASD.

Building Circles of Support
Building Circles of Support is a program offered by the Manitoba FASD Centre to caregivers and service providers of newly diagnosed individuals. The purpose of the program is to educate families and other key individuals in the child's life about FASD. The program seeks to equip families with foundational knowledge to build an informed, positive and hopeful circle of support for the child. Information sessions provide caregivers with the opportunity to learn about the best practices in parenting a child or teen with FASD, as well as provide them with the opportunity to interact with other families. These sessions link participants to FASD resources and services in their area.

The Manitoba FASD Family Network
The Manitoba FASD Family Network is a multifaceted program that provides ongoing support and services to families affected by FASD. The program provides:

- Family Network Meetings to provide an opportunity for discussion, generate ideas and connect families.

- Support and Information Groups to provide a variety of opportunities such as a support group for parents of teens, teen recreation, or information workshops.
- Recreational and Fun Activities giving children and families the opportunity to come together to have fun.

Visions and Voices
Visions and Voices is a provincial resource for promoting FASD education and awareness. It is a program that supports adults who have an FASD diagnosis to develop the skills and materials needed to speak publicly about their experiences of living with FASD.

Manitoba Key Worker Program
The Manitoba Key Worker Program provides support services to families caring for children and youth, ages 0-21, with FASD or confirmed pre-natal exposure to alcohol. Key Workers assist families to develop an understanding of FASD by providing education and information specific to the needs of the child or youth, assist families in accessing services and community resources, and provide emotional and practical support to families. Key Workers work in collaboration with caregivers, family members, and service providers to assist the child or youth experience less frustration and more success.

FASD Networks

Manitoba is committed to **fostering ongoing relationships** within and outside our province to address FASD. Networking with community members, non-profit agencies, and other provinces and territories assists to ensure our programming and services are informed and relevant. Some of these partnerships include:

Canada Northwest FASD Partnership (CNFASDP) is an intergovernmental partnership including British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut. The partnering jurisdictions have agreed to share best practices, expertise, and resources, and to develop joint strategies and initiatives to better address the issue of FASD. The partnership also supports jurisdictions to host international conferences on the latest advances in research and initiatives related to FASD. Manitoba will host a conference, Living Well: FASD and Mental Health on November 5 – 7, 2014 in Winnipeg.

FASD Community Coalitions are grassroots groups of stakeholders formed by caregivers, agencies and service providers with an interest in the area of FASD and may include representation from various provincial government departments. The coalitions are intended to increase community networking, share best practices and provide support for prevention and intervention efforts in local communities across Manitoba.

Manitoba Coalition on Alcohol and Pregnancy brings together families, service providers, community organizations and government representatives from across the province to share information and resources, co-ordinate activities and plan together to address issues related to FASD. The coalition regularly holds lunch hour information sessions, which are broadcast via the telehealth network, and brings expert speakers to Manitoba. A regular newsletter also facilitates the province wide communication.

FASD Research

Canada FASD Research Network (CanFASD)

Initially an initiative of the CNFASDP, the aim of CanFASD (then, The Canada Northwest FASD Research Network) was to build research capacity across Western Canada and the Territories to address high priority research questions; to devise more effective prevention and support strategies for women, individuals with FASD and their families; and to better inform policy.
In 2012/13, the Research Network (CanFASD) expanded to become a national not-for-profit organization, making it Canada's first comprehensive national FASD Research Network. CanFASD is an interdisciplinary research network that collaborates with researchers, programs, agencies, government, grassroots organizations, families and professionals on research projects that involve the complex issues surrounding FASD.

FASD Research Scientist Award

This award has been established in partnership with the University of Manitoba, Faculty of Medicine's Department of Community Health Sciences. This award seeks to stimulate local research initiatives, develop researcher interest and capacity in this disability area, facilitate linkages with researchers in other jurisdictions, secure more funding for FASD research in the Province, and promote research that will inform policy development in this area. This year, with funding from the Canadian Institute of Health Research, a consensus generating symposium,' Improving Integration of Care for Individuals with FASD' will be held on October 9th, 2014 bringing together leaders from health, provincial service systems and family advocates to discuss an improved response to FASD.

FASD Screening

Data on alcohol use during pregnancy is routinely collected in Manitoba from women who have recently had a baby, through the Families First Screening. This information is important for understanding general trends and patterns of alcohol use during pregnancy and is used to inform policy and programming decisions.

HCMO received a grant from the Public Health Agency of Canada (PHAC) to help explore ways of estimating FASD prevalence in Manitoba and across Canada. This project looks at the possibility of making better use of, and enhancing, the provincewide collection of the Early Development Instrument (EDI), as well as the provincewide Families First Screening, and Manitoba FASD Centre data. Better FASD prevalence data could provide jurisdictions across Canada with a clearer perspective on how extensive their policy and programming needs to be in order to adequately address the challenges faced by families, schools and educators, service providers and policy makers, regarding FASD prevention and intervention.

Circle of Security (COS)

HCMO is supporting a research project on COS, an intervention protocol wherein the parent-child relationship is explored and strengthened with the supervision of a trained counselor. The protocol includes both educational and therapeutic components and is based on the attachment theory of John Bowlby and Mary Ainsworth. The goal of the intervention is to increase caregiver sensitivity and appropriate responsiveness to the child by increasing caregiver capacity to recognize and understand the child's cues, and increasing caregiver self-reflection on their own care giving practices.

FASD Evaluation

Evaluation of the Provincial FASD Strategy is integral to the success of the Strategy. A framework for the evaluation has been established in collaboration with the FASD Interdepartmental Committee, and the evaluation tools for the first phase of the evaluation have been developed. The data collection process for evaluation will begin in September 2014.

The evaluation will provide important information about how well Manitoba is doing in terms of:

- How well children, youth and adults with FASD are managing over time
- How well families affected by FASD are managing over time
- How well the provincial FASD strategy and the programs within it are working and where improvements may be needed.
- What other programs and policy developments may be needed

C) Middle Childhood and Adolescent Development

The Middle Childhood and Adolescent Development (MCAD) portfolio utilizes evidence and research to develop and implement programs that support children and youth ages 6 to 18 years old. In 2013/14, work continued on the development of a provincial approach to MCAD, incorporating harm reduction strategies for risky behaviours and principles of population health, based on scientific knowledge and best practice models.

Within the MCAD portfolio, Middle Childhood focuses on children aged 6 - 12 years and Adolescent Development focuses on youth aged 13 - 18 years.

Healthy Schools

Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. Under the auspices of HCCC, Healthy Schools is a partnership of Manitoba Health, Healthy Living, and Seniors, Manitoba Education and Advanced Learning, and HCMO. Healthy Schools recognizes that good health is important for learning and that schools can have a positive influence on the health of children, youth and their families. Working in partnership with school divisions, schools and community partners, the initiative supports progress towards positive health and education outcomes for all students.

Through the Healthy Schools Grant from Manitoba Education and Advanced Learning, annual funding is available to support school divisions/schools in working with their community partners (including local regional health authorities) as they create healthy school communities.

Roots of Empathy

In 2013/14, HCMO continued to support the implementation and sustainability of Roots of Empathy (ROE), an evidence-based, bilingual, universal and classroom-based parenting program that increases pro-social behaviour and reduces physical aggression and bullying by fostering children's empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

ROE is provided to children in classrooms from kindergarten to grade eight. Certified ROE instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parents who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome, FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE instructor coaches children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy and reducing bullying.

Building on the success of the 2001/02 pilot of the ROE program, and the positive outcomes of improving pro-social behaviour and reducing aggression in students from a longitudinal randomized control trial (RCT) of the program, ROE has continued to expand across Manitoba. In 2013/14, ROE was delivered in English and French by 294 ROE certified instructors in 302 classrooms across Manitoba (including First Nations communities) to over 6,000 students from

Kindergarten to grade 8. In May 2013, together with ROE founder Mary Gordon, Manitoba celebrated 10 years of offering the award-winning ROE program.

Manitoba's RCT evaluation of ROE was published in a special issue of *Healthcare Quarterly* (Vol. 14 April 2011): Effectiveness of School-Based Violence Prevention for Children and Youth – Cluster randomized controlled field trial of the Roots of Empathy program with replication and three-year follow-up.

Mentoring Interventions

In 2013/14, HCMO continued to support the In-School Mentoring program through Big Brothers Big Sisters of Winnipeg, Brandon, Portage la Prairie, and Morden/Winkler, including satelite programs in smaller communities. As well, HCMO supported the Community Based Mentoring programs within all four organizations. In 2013/14, approximately-276 children were matched with mentors in the In-School Mentoring Program and nearly 600 children participated in the Community Based Mentoring programs, including group programs.

Out of School Programming

In 2013/14, HCMO continued to support programming at a number community-based organizations across Manitoba. These programs provide opportunities for learning and for developing social skills, confidence and self-esteem, and also promote healthy behaviours, such as physical activity, healthy eating and safety. For example, funding is provided to the Boys and Girls Club of Thompson, which offers recreational, nutritional, educational and vocational programming for children and youth, most of whom are from marginalized families. Examples of other HCMO-supported organizations that provide out of school programming include Rossbrook House, The Pas Action Centre and Gilbert Park Going Places (NorWest Co-op Community Health), Ma Mawi Chi Itata Centre and Ma Mow We Tak Friendship Centre located in Thompson, MB.

In addition, HCMO continued its support of the Community School Investigators (CSI) Summer Learning Enrichment Program through the Boys and Girls Clubs of Winnipeg. This school-based summer day camp for targeted communities in Winnipeg provides children with the ability to participate in a variety of academic, recreational, arts, cultural, and educational activities during the summer months. The program also has a nutrition component and employs local youth and university students. In the summer of 2013, over 1,000 children attended at 15 sites, and 76 university students and 61 local high school students were hired.

Resource Development for Children and Youth with Complex Needs

1) COACH

COACH is a 24-hour wrap around program for 16 boys and girls, ages 5-11 year old with extreme behavioural, emotional, social and academic issues in their home, school and community settings. The day program includes academic and community-based components; the evening/weekend component includes family support and community activities.

COACH is supported by an advisory committee of partners: Winnipeg School Division, Macdonald Youth Services, Mulvey School, Child Guidance Clinic, The Office of Child and Family Services Standing Committee, Manitoba Education, and Healthy Child Manitoba Office.

Potential students are referred to the COACH Admissions Committee. The program has a maximum capacity of 16 full time students, as well as up to 30 students followed up after integration into neighborhood schools. Students are in the COACH onsite program for as long as required, up to age 12. Over time, students are slowly reintegrated into the classroom setting at

Mulvey School, which functions as the initial academic receiving site and then are transitioned into specialized settings in neighborhood schools.

There is an ongoing program evaluation of COACH which focuses on pre- and post-measures in a case study approach. Multiple informants including the parent/guardian, teacher, psychologist, COACH Manager, and the student provide responses on a standardized survey at the start of attendance at COACH and close of each school year. Progress has been noted in academic, social, emotional, community and behavioural functioning as well as an increase in parents' involvement with the school setting, and based on parent reports, an improved relationship with their child.

2) High-Fidelity Wraparound Training

High-fidelity Wraparound is an evidence-based process to improve outcomes for children/ youth with complex needs who access services from multiple providers. Through this process, children/ youth and their families to come together with service providers and natural community supports to create and operationalize strengths-based, SMART goals centred on the needs of children/youth and families.

In March 2014, HCMO co-hosted Wraparound training in partnership with the Manitoba Adolescent Treatment Centre and Manitoba Health, Healthy Living and Seniors. Trainees represented various departments, agencies and organizations, based in centres throughout the province, including Justice, Child and Family Services agencies and authorities, Community Mental Health and Education.

School/Community-Based Primary Health Care

HCMO's Teen Clinic model uses a community development approach to build partnerships among health providers, educators and community organizations to improve health outcomes for Manitoba teens. Since 2002/03, HCMO has funded the Elmwood Teen Clinic, an after-hours, school based primary health care facility located at Elmwood High School and managed by Access River East one day per week. In 2013/14, there were 683 visits to the Elmwood Teen Clinic.

Based on the success and interest in the Elmwood Teen Clinic, in 2005/06, HCMO expanded the model to a second pilot at St. John's High School in Winnipeg. The St. John's Teen Clinic, managed by Mount Carmel Clinic, operates similarly to the Elmwood Teen Clinic. In 2013/14 there were 347 visits to St. John's Teen Clinic.

In 2006/07, the Interdepartmental Teen Clinic Committee selected NOR-MAN RHA and Interlake RHA to receive new HCMO funding to establish teen health services in their regions. The Northern RHA (Western Campus) matches the HCMO funding to enhance teen primary care services in Flin Flon, The Pas and Cranberry Portage. This model is a combination of school-based and community-based clinics that provide maximum access to services for youth in the Western Campus area. In 2013/14 there were 643 visits to the Northern RHA - Western Campus Teen Clinics.

Interlake-Eastern RHA established a school-based teen clinic in École Selkirk Junior High in 2007. This clinic is an after-hours clinic that is open to all youth living in the Interlake region. In 2013/14, there were 850 visits to Selkirk Teen Clinic.

As a result of a Request for Proposals in 2011, HCMO was able to provide new or enhanced funding in 2012/13 to support selected initiatives including the development of new Teen Clinic sites in the Prairie Mountain Health region. A Teen Clinic at Swan Valley Regional Secondary School opened in 2012/13 and a mobile Teen Clinic servicing 4 schools in the Assiniboine

communities of Rossburn, Russell, Strathclair and Birtle began operating in November 2013. In 2013/14 there were 34 visits to Swan Valley Teen Clinic and the Assiniboine Mobile Teen Clinic saw 139 visits. Enhancement funding has also been provided to the Northern RHA to support Mental Health Promotion at Mary Duncan School in The Pas, and to Southern Health to enhance Teen Clinic services at Portage Collegiate Institute.

Health and Wellness Promotion

HCMO extends support to community-based agencies to support the healthy development of adolescents including those that emphasize the direct involvement of youth in developing their own solutions. Klinic's Teen Talk program is a comprehensive health promotion program designed to empower youth to make healthier lifestyle choices. In 2013/14, Teen Talk engaged with 22,362 Manitoba youth through workshops, presentations etc. In 2013/14 there were also 182,780 visits to the Teen Talk website, an increase of over 36% from 2012/13.

Community Service Providers Working Together to Support Adolescent Parents

HCMO works with community agencies and service providers to promote quality services for pregnant and parenting teens in the province through the support of the Adolescent Parent Interagency Network (APIN). APIN members work in Manitoba in diverse settings such as social work, nursing, teaching, mentoring, and counselling. The Network holds events, hosts a website (www.apin.org) and produces regular newsletters, all of which facilitate the sharing of information for pregnant and parenting teens as well as service providers and the community. APIN hosts an annual Adolescent Parent Day, for which 80 parents registered in 2013. APIN also hosts a brown-bag lunch series and service provider conference, which in 2014 was attended by over 125 participants.

Youth Suicide Prevention Strategy (YSPS) Education Initiatives

The YSPS Education Initiatives support inter-sectoral and cross-departmental collaboration for education-based initiatives in the area of youth suicide prevention, with a focus on Aboriginal youth. YSPS Education Initiatives are delivered and implemented in the education sector, including the provincial school divisions, First Nations-operated schools (in partnership with Manitoba First Nations Education Resource Centre), and alternative education settings. Programs under the YSPS Education Initiatives Strategy include Roots of Empathy and Seeds of Empathy, as well as PAX.

> PAX is a series of evidence-based behavioural and brain-enhancing strategies, including the Good Behaviour Game and Peacebuilders, which enhance children's self-regulation and socio-emotional learning, and have previously been scientifically demonstrated to reduce suicidal thoughts and attempts. Approximately 200 Schools participated in the Randomized Controlled Trial (RCT) evaluation of PAX in Manitoba's Grade One classrooms in the 2011/12 to 2012/13 school years, implementing PAX in one or more Grade One classrooms in each school. During this evaluation, PAX was implemented in almost every school division in the province, including First Nations (FN), Independent and Institutional schools, resulting in over 5,000 children receiving PAX as part of a classroom strategy to enhance self-regulation.

The Youth Suicide Prevention Strategy Education Initiatives (YSPS-EI) Task Team, under the leadership of Healthy Child Manitoba and the Department of Education and Advanced Learning, is also working on:

1) Development of a multimedia resource to serve as a classroom-based suicide prevention video and discussion tool;
2) Development of web-based with tools to support school and community collaboration at local and regional levels;
3) Research evidence based/informed interventions, innovate or evaluate promising programs or models and disseminate information through knowledge exchange activities;
4) Development of a Best Practices Resource Guide on whole school approaches to youth suicide prevention and mental health promotion. The guide was completed in 2014 and information sessions are planned for 2014/15;
5) Capacity building and training for educators within alternative education settings, in collaboration with Manitoba First Nations Education and Resource Centre, related to youth suicide prevention.

In March 2014, the YSPS-EI funded training for the Mental Health and High School Curriculum Guide. 'The Guide' is a mental health curriculum that grade 9 teachers integrate into existing health and physical education curriculum. Pilot implementation of the curriculum took place following training. A randomized, controlled trial evaluation of the implementation of the curriculum in over 50 Manitoba schools is being rolled out September 2014.

D) Community Capacity Building

Communities That Care

In 2009/10, HCMO and the Winnipeg Regional Health Authority partnered to pilot Communities that Care (CTC), an evidence-based process that combines strategic consultation, technical assistance, training and research-based tools to help communities come together to promote the positive development of youth and the prevention of adolescent problem behaviors - including underage drinking, substance abuse, delinquency, teen pregnancy, school drop-out, violence and depression/anxiety.

CTC is currently being used in more than 500 communities across the US and in Australia, Canada, Germany, the Netherlands, the United Kingdom, and South America. Both the Social Development Research Group (SDRG) at the University of Washington and Eagle Cruz Consultants (experts in the establishment of CTC in Native American and First Nations communities) provide training support to the Province of Manitoba in its efforts to pilot the CTC prevention planning system. Pilot communities that have been actively engaged in the Communities That Care mobilization process at varying levels are Elmwood (urban), Swan River (rural), Sagkeeng First Nation (First Nation). In 2013/14 these communities moved forward in the CTC process at differing rates which included such things as the completion of the Community Youth Survey, planning for community wide consultations and participation in further CTC training.

II. HCMO Policy Development, Research and Evaluation

Legislated in *The Healthy Child Manitoba Act* is Manitoba's commitment to monitoring the Healthy Child Manitoba Strategy, reporting regularly on child and youth development, evaluating whether HCM programs are working, and applying science and research to develop policies that best support families and strengthen communities. Under the leadership of HCMO's Policy Development, Research and Evaluation (PDRE) team and in collaboration with government departments, inter-sectoral and community-based stakeholders, and university partnerships, this work is categorized into the following areas: 1) Community Data Development and Analysis, 2) Provincial Program Evaluations, 3) Population-Based Research, 4) Specialized Evaluations, and 5) Knowledge Translation and Mobilization.

A) Community Data Development and Analysis

HCMO Community Data Development assures the quality, validity and reliability of data in preparation for multiple analytical processes, including:

- Informing HCCC policy and program planning and implementation
- Monitoring and evaluation of Healthy Child Committee of Cabinet (HCCC) policies and programs
- Conducting and supporting policy-relevant research
- Supporting community-based research knowledge exchange and community action planning

Three population-level databases provide the basis for Community Data Development and Analysis processes. These include the Families First Screen (FFS), the Early Development Instrument (EDI) and the Youth Health Survey (YHS).

- The FFS is a post-natal screen of biological and social risk factors among families and their newborn children in Manitoba, collected in partnership with the Public Health program in all Regional Health Authorities
- The EDI is a questionnaire completed province-wide by Kindergarten teachers that measures children's early development and "readiness to learn" at school entry, collected in partnership with all of Manitoba's public school divisions and with the Manitoba First Nations Education Resource Centre and many of the schools they support in First Nations
- The YHS is a survey of student-reported health and health-related behaviours among students in grades 7 to 12, collected together with the Partners in Planning for Healthy Living

All of these data sets contain unique participant-level information that permits linkage to other administrative datasets and follow-up over time. Privacy and confidentiality are maintained in accordance with *The Healthy Child Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* (FIPPA), *The Personal Health Information Act* (PHIA), and other pertinent legislation.

B) Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Healthy Baby, Families First, InSight Mentoring Program), provincial programs are extensively evaluated in multiple sites with a large number of families, using qualitative and quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness,

key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children and youth (improved physical and emotional health, safety and security, learning success, and social engagement and responsibility).

For example, results of the Families First Home Visiting Provincial Evaluation led to the development of the Towards Flourishing Mental Health Promotion Strategy that has been added to the home visiting program and is in the process of being evaluated in all provincial RHAs. HCCC also commissioned the Manitoba Centre for Health Policy (MCHP) to work in partnership with HCMO to conduct an evaluation of the Healthy Baby program, released in November 2010 (see http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby.pdf) which informed the development of the Partners for Integrated Inner-city Prenatal Care (PIIPC) pilot project, led by the University of Manitoba, to enhance services in seven Healthy Baby sites.

C) Population-Based Research

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal and targeted policies, programs and supports. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

In 2013/14, HCMO led and/or partnered in several population-based research initiatives including:

- Towards Flourishing: Improving Mental Health Among New Mothers in the Manitoba Families First Home Visiting Program (2009 – 2015)
- Manitoba Centre for Health Policy (MCHP) research deliverables for HCCC, including the long-term follow-up of participants in Manitoba's InSight mentoring program (2011 – present), educational outcomes of children in care (2012 – present), and the mental health of Manitoba's children and youth (2013 – present)

Many of these initiatives are done in partnership with academic researchers or community partners and funded externally by granting agencies usually through a highly competitive process. Listed below are additional details for initiatives from competitive grants from national or federal sources that have been brought to Manitoba:

Funding Body	Amount	Time Period	Name of project	Description
Public Health Agency of Canada	$2,833,747 Phase I and II	2010-2015	Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program	The overall aim of this Innovation Strategy project is to enhance the mental well-being of parents and children through trial and evaluation of a multilayered Mental Health Promotion Strategy for families, public health and mental health staff within Manitoba's Families First Home Visiting Program.
Canadian Institutes of Health Research (CIHR) Programmatic Grant	$2,000,000	2011-2016	Pathways to Health and Social Equity (PATHS Equity) for Children: A program of research into what works to reduce the gap for Manitoba's children	Led by the Manitoba Centre for Health Policy (MCHP) in partnership with HCMO, this multiyear research program is evaluating the long-term effects of over a dozen Manitoba programs for children and youth, including HCMO programs such as Healthy Baby and Families First.

D) Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities. Examples in 2013/14 of specialized evaluations conducted by HCMO include the Seeds of Empathy evaluation, and the province-wide PAX pilot and evaluation in the 2011/12 and 2012/13 school years. These evaluations contribute to reports on program outcomes, as well as presentations to a variety of audiences as part of ongoing Knowledge Translation and Mobilization (For details, see next section: Knowledge Translation and Mobilization).

E) Knowledge Translation and Mobilization

Led by the HCMO PDRE team, Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects HCM's core commitments to child-centered policy, evidence-based decision making, and community-government-university collaboration. The goal of KTM is to maximize the impact of research and evaluation through a process that includes the synthesis and dissemination of science and knowledge and community capacity development.

KTM activities related to the synthesis and dissemination of science and knowledge and community capacity development included:

- summarizing available data sources on child and youth health in Manitoba, as well as cutting-edge research and knowledge on child development for the legislated Healthy Child Manitoba Report on Children and Youth every five years;
- identifying and synthesizing science and knowledge from leading research and evaluation studies;
- translating science and knowledge into user-friendly communication vehicles for community stakeholders (public, parents, service providers, advisory and advocacy groups) and government policy makers;
- identifying and engaging target audience groups and disseminating science and knowledge to these audiences;
- facilitating the application of science and knowledge to policy and program development and evidence-based decision making;
- strengthening community capacity and local leadership;
- facilitating community-government-university collaboration and partnership;
- promoting participatory-based community research through community engagement and relationship building;
- developing comprehensive community-level data profiles and community mapping studies;
- developing GIS (geographic information system) data maps to delineate relationships between multiple data sets;
- supporting the development of evidence-informed and best practice service models for children and families;
- leading/participating in local, provincial, and national committee work; and
- leading/participating in local, provincial, national and international knowledge exchange conferences and events.

Examples of these activities include:

- Parenting Resources developed by HCMO continue to be distributed. Examples include the *Getting Ready for School: A Parent's Guide* and *A Parent's Guide to Early Childhood Development* DVD, both of which are available on the following website: http://www.gov.mb.ca/healthychild.

- HCMO's PDRE team develops and disseminates public newsletters to showcase communities that are using evidence-based approaches to develop programs and services to support healthy childhood development these newsletters are available online (http://www.gov.mb.ca/healthychild/edi/resources.html).

- HCMO uses GIS mapping technology to translate data into user-friendly data maps. These data maps are used to delineate community-level EDI results, and copies of these EDI community data maps can be found at: http://www.gov.mb.ca/healthychild/edi/edi_reports.html. Additionally, HCMO has translated community-level census data into community data maps and has worked with community stakeholders to conduct comprehensive community asset mapping studies.

  As part of HCM's commitment to supporting parent child coalitions, HCMO's PDRE unit develops and presents community-level data profiles to delineate the strengths and needs of individual communities. These presentations are made at local knowledge exchange events and include the audiences of Manitoba's 26 parent child coalitions. As part of this support to community stakeholders, HCMO has facilitated strategic direction and community action planning.

- HCMO's PDRE team continues to provide training and support in partnership with the Manitoba First Nation Education Resource Centre (MFNERC) and First Nation communities to implement EDI collections in approximately 28 First Nation-operated schools. In 2013/14, these partners continued collaborating to develop a knowledge exchange strategy to support communities to use EDI data to support program and policy development.

- Following Manitoba's 2011 commitment at the Council of the Federation (CoF), in February 2012, the Premier and the Healthy Child Committee of Cabinet hosted "Mental Health Summit 2012: Mental Health Promotion and Mental Illness Prevention for All" in Winnipeg, Manitoba. Over 300 delegates from across Canada attended, including policy, service delivery, research, and decision-making representatives from provincial, territorial, Aboriginal, and federal governments, national organizations, and professional associations representing a variety of sectors.

- In 2013/14, HCMO continued to lead ongoing work stemming from Mental Health Summit 2012, through the activities of the pan-Canadian Mental Health Summit Network (MHSN). Following the 2013 CoF meeting of Canada's Premiers, the MHSN was directed to "continue to develop best-practices for mental health promotion and mental illness prevention and identify how approaches, treatments and supports can be shared across jurisdictions to reach all individuals and communities, including in Aboriginal and remote regions.

- The MHSN's first 'Think Tank' meeting, entitled "Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada" took place in Winnipeg February13-14, 2013.

The goal of the 2013 Think Tank was to take the first steps in developing a Blueprint outlining the 'how-to' of scaling up and monitoring evidence-based mental health promotion and mental illness prevention practices in jurisdictions across Canada. Work of the Mental Health Summit Network towards developing the Blueprint is ongoing.

- In 2013/14, HCMO continued to support the work of the Oversight Committee for Child and Youth Mental Health (OCCYMH), co-chaired by leaders representing the education system, health system, and Healthy Child Committee of Cabinet (HCCC) partner departments, to respond to recommendations from the Manitoba Association of School Superintendents (MASS) and other community partners.

- In 2013/14, HCMO and Manitoba Health, Healthy Living and Seniors began to co-lead the development of a provincial framework and action plan for child and youth mental health, in collaboration with the other HCCC partner departments, as part of *Rising to the Challenge,* the province's mental health strategic plan, in concert with OCCYMH.

- In 2013/14,HCMO's PDRE team led or participated in several local, provincial, and national committees, including the following:
    - All Aboard: Manitoba's Poverty Reduction & Social Inclusion Strategy CICH Profile: Improving the Mental Health of Canadian Children and Adolescents – Advisory Committee (national)
    - Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
    - Centres de la petite enfance et de la famille (CPEF) – Executive Committee
    - Forum for National ECD - Monitoring Management Committee
    - HCCC Protocol Committee: Children and Youth with Complex Needs
    - HCCC Protocol Committee: Continuation of Educational Programming Protocol for Students/Young Persons In Doncaster or Gladys Cook School
    - HCCC Protocol Committee: Early Childhood Transition to School for Children with Special Needs
    - HCCC Protocol Committee: Education and Child and Family Services Protocol for Children and Youth in Care
    - HCCC Protocol Committee: Out of Catchment School Registration of Children and Youth with Informal Guardianship Agreements
    - HCCC Protocol Committee: Transition to Adulthood Protocol Evaluation
    - Intergovernmental Strategic Aboriginal Alliance (ISAA) Task Group on School Readiness
    - International Population Data Linkage Network (IPDLN)
    - Mental Health and Wellbeing Working Group
    - Mental Health Commission of Canada: Evergreen National Child Mental Health Strategy
    - Mental Health Promotion Task Group
    - Partners in Inner-city Integrated Prenatal Care (PIIPC) Steering Committee and Advisory Committee
    - Partners in Planning for Healthy Living (PPHL), including the Youth Health Survey Working Group
    - PEG (City of Winnipeg's Community Indicators System)
    - Task Group on Mental Health Promotion and Mental Illness Prevention - Summit 2012
    - Youth Suicide Prevention-High-Risk Working Group (national)
    - Youth Suicide Prevention-School-Based Working Group (national)

- HCMO's PDRE team is regularly invited to deliver presentations at local, provincial, national, and international knowledge exchange events, forums and conferences. In 2013/14, some examples included:
    - 6th Annual Child Abuse Committee Coordinator Conference (June 2013)
    - United Way of Winnipeg Board of Trustees (October 2013)
    - Well-Being for Children and Youth: 2nd Interdisciplinary Conference on Educating for Sustainable Well-Being, Faculty of Education, University of Manitoba (November 2013)
    - Health in All Policies: Taking Intersectoral Action for Equitable and Sustainable Health – The Healthy Child Manitoba Model, Public Health Association of BC, Vancouver, BC (November 2013)
    - Investing in Children: Celebrating the Legacy of Dr. Clyde Hertzman, Public Health Association of BC and HELP BC, Vancover, BC (November 2013)
    - Connecting the Dots Forum, Centre for Addictions and Mental Health (CAMH) and Public Health Ontario, Toronto, ON (December 2013)
    - Intergovernmental Strategic Alignment on Aboriginal Issues – Memorandum of Collaboration (ISAA-MOC) Senior Officials (January 2014)
    - Manitoba School Boards Association (MSBA) 50th Annual Convention (March 2014)
    - Manitoba Teachers' Society (MTS) Curriculum Committee (March 2014)
    - International Data Consortium, Spring 2014

HEALTHY CHILD MANITOBA OFFICE

RECONCILIATION STATEMENT

DETAILS	2013/14 Estimates ($000's)
2013/14 Main Estimates	30,957
Main Estimates Authority Transferred from:	
- Justice Initiatives	10
2013/14 ESTIMATES	**30,967**

Appropriation 20-2: Healthy Child Manitoba Office
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2014

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE's	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No
Salaries and Employee Benefits	2,309	32.50	2,391	82	
Other Expenditures	680		570	(110)	
Financial Assistance and Grants	27,589		28,006	417	
Total Sub-Appropriation	30,578	32.50	30,967	389	

Expenditure Summary for
Fiscal Year ended March 31, 2014
with Comparative Figures for the Previous Fiscal Year

Estimate 2013/14 ($000's)	Appropriation	Actual 2013/14 ($000's)	Actual 2012/13 ($000's)	Increase (Decrease) ($000's)	Expl. No.
	20-2 Healthy Child Manitoba Office				
2,391	(a) Salaries and Employee Benefits	2,309	2,275	34	
570	(b) Other Expenditures	680	549	131	
28,006	(c) Financial Assistance and Grants	27,589	27,572	17	
30,967	**Total 20-2**	**30,578**	**30,396**	**182**	

Historical Expenditure and Staffing Summary by Appropriation ($000's) for Fiscal Years Ending March 31, 2010 - March 31, 2014

	ACTUAL/ADJUSTED ESTIMATES OF EXPENDITURES*									
	2009–2010		2010-2011		2011-2012		2012-2013		2013-2014	
APPROPRIATION	FTE	$	FTE	$	FTE	$	FTE	$	FTE	$
20-2 Healthy Child Manitoba Office	33.00	29,375	32.50	30,535	32.50	30,399	32.50	30,396	32.50	30,578
TOTAL	**33.00**	**29,375**	**32.50**	**30,535**	**32.50**	**30,399**	**32.50**	**30,396**	**32.50**	**30,578**

** Actual expenditures for 2012-2013 have been adjusted for comparative purposes to reflect transfers of programming which occurred for the fiscal year ending March 31, 2014.*

Indicators of Progress Against Priorities (Performance Reporting)

The following section provides information on key performance measures for the department for the 2013/14 reporting year. This is the ninth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
1. The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three indicators from the National Longitudinal Survey of Child and Youth (NLSCY) for children aged 0-5 years:	We know that parents and families are the primary influences in the lives of children. Research shows that positive parent-child interaction including reading with children, positive parenting and positive family functioning are key determinants of successful early childhood development.	We are using 1998/99 as the baseline measurement.	Our most recent data is from 2010/11.		ECD (Early Childhood Development) Programs remained a core commitment for 2013/14. In 2013/14, 17 Triple P training courses were held in Manitoba with just over 250 practitioners taking part. By the end of March 2014, more than 2,300 practitioners in total from over 250 community agencies, RHAs,

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
a) **Reading** (families with daily parent-child reading) b) **Positive Parenting** (families with warm, positive, engaging interaction between parents and children including praising, playing, reading and doing special activities together)	Research has also established that the best prevention investments occur during the early years. Healthy early childhood development sets the foundation for positive development by building resilience and by reducing the likelihood of negative outcomes later in life. It is important to know how families in Manitoba are doing so that the Government of Manitoba can make decisions about which investments will best support Manitoba's children and families, including those that will support positive parent-child interactions.	**Reading** (% of parents who read to their child daily): 76.0% in MB 69.7% in Canada **Positive Parenting** (% of children living in families with positive parenting): 90.6% in Manitoba 90.6% in Canada <u>Note:</u> Due to corrections and changes in the NLSCY since 1998, the number of parents with positive parenting has been revised.	**Reading** (% of MB parents that read to their child daily – for children ages 3-5): 74.2% in Manitoba 73.9% in Canada **Positive Parenting** (% of MB children living in families with positive parenting – data from 2008/09): 96.3% for Manitoba 94.8% for Canada	**Reading** <u>Stable:</u> Average results from six cohorts from 1998/99 to 2010/11 are 72.6%, suggesting that the trend in reading in Manitoba is stable since 1998/99. **Positive Parenting** <u>Increasing:</u> Results suggest improvements in positive parent-child interaction since 1998/99.	school divisions, child care centres, government departments, and other organizations, had participated in Triple P training and had successfully completed accreditation since the advent of the program in 2005. <u>Note:</u> Some practitioners are trained and accredited in more than one accredited course. Positive parent-child interaction can also be considered an intermediate outcome for children's school readiness (measured below).

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c) **Family Functioning** (how well family members relate to and communicate with one another, including the ability to solve problems together) Please see Note 1 below for more detailed information about this indicator.		**Family Functioning** (% of MB children living in families with positive family functioning – for children 0-5 years): 88.3% for Manitoba 89.1% for Canada	**Family Functioning** (% of MB children living in families with positive family functioning for children 1-5 years – data from 2008/09): 85.5% for Manitoba 91.3% for Canada	**Family Functioning** Stable: Results suggest the trend in family functioning is stable since 1998/99.	Limitation: While the information collected is fairly representative of the Canadian population, the NLSCY does not include Aboriginal children living on reserves or children living in institutions, and immigrant children are under-represented.
2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI). The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development	Ensuring the best start for children when they begin school is important for successful lifelong health and learning, as well as for the province's future well-being and economic prosperity.	This measure has been phased in, beginning in 2002/03. 2005/06 was the first year that all 37 Manitoba school divisions participated in the EDI; therefore, 2005/06 data will be used as the baseline for future measurements. 2005/06 Results (based on 37 school divisions and 12,214	Manitoba's 5th province-wide EDI collection was implemented in 2012/13. The EDI has been collected in all 37 school divisions in 2005/06, 2006/07, 2008/09, 2010/11 and 2012/13. Since 2008/09, the EDI is collected biennially. 2012/13 results (based on 37 school divisions,	Stable EDI trend analyses show that from 2005/06 through 2012/13, the proportion of children who are Very Ready in one or more domains and Not Ready in one or more domains is stable.	Note: 'Very Ready' includes the proportion of children whose scores fell in the top 30th percentile - based on Canadian norms - in one or more areas of child development. 'Not Ready' includes the proportion of children whose scores fell into the bottom 10th

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
including: • physical health and well-being • social competence • emotional maturity • language and thinking skills • communication skills and general knowledge For more about the EDI, please see Note 2 at the bottom of this table.		children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of child development. 28.3% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	representing 13,467 children) • 64% of participating kindergarten students were 'Very Ready' in one or more areas of child development. • 28% of participating kindergarten students were 'Not Ready' in one or more areas of child development.		percentile - based on Canadian norms - in one or more areas of child development. Limitation: While the EDI is collected in all provincial school divisions, the EDI is only collected in those First Nation-operated schools or independent schools who elect to collect (with the exception of First Nation/Frontier School Division partnership schools. 28 First Nation-operated school collected the EDI in the 2012/13 collection cycle. EDI Reports can be viewed at: http://www.gov.mb.ca/healthychild/edi/index.html
3. The progress of the prevention strategy for FASD	Research has established that alcohol can have	In 2003, 13% of women in MB stated that they consumed	In 2011, 14% of women in MB stated that they drank	Alcohol consumption during pregnancy has remained stable	A prevention strategy for FASD in Manitoba was

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
(Fetal Alcohol Spectrum Disorder), by looking at maternal alcohol consumption during pregnancy. Public Health Nurses meet with mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year are screened, which is about 84% of all births in Manitoba each year). Standardized questions related to alcohol use during pregnancy are included in the screen.	multiple serious consequences on fetal development. Fetal Alcohol Spectrum Disorder (FASD) is acknowledged as the most common preventable cause of birth defects and developmental disabilities that are permanent and irreversible. Alcohol consumption during pregnancy is the causal risk factor for FASD.	some amount of alcohol during their last pregnancy. The incidence of drinking during pregnancy varied by Regional Health Authority and ranged from 9% to 28 % of women indicating alcohol use at some time during pregnancy.	alcohol during pregnancy. New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol during pregnancy were asked if they continued to drink after discovering their pregnancy. In 2007, 19.0% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2011, 10.5% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2011, the prevalence of drinking during pregnancy varied between RHAs ranging from 7.0% to 30.5%.	since 2003. The following shows the percentage of women who stated they drank alcohol during pregnancy from 2003 to 2010. 2003 – 13.3% 2004 – 12.3% 2005 – 13.1% 2006 – 12.7% 2007 – 16.1% 2008 – 13.7% 2009 – 13.0% 2010 – 13.9% 2011 – 13.8% The proportion of women who continued to drink after discovering their pregnancy has decreased from 19.0% in 2007 to 10.5% in 2011. Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during	identified as an ongoing Healthy Child Committee of Cabinet (HCCC) core commitment in 2005/06. Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy. Limitation: The provincial screen represents data on approximately 84% of all births in Manitoba, it is not collected on new mothers living on reserves. Prevalence and incidence data for FASD is limited because diagnosis is

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
				pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population Health Survey, 1994).	complicated and difficult. Based on the best available data, Health Canada estimates the Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each year receive a diagnosis of FASD in Manitoba.
4. We are measuring the progress of our Healthy Adolescent Development (HAD) strategy, by looking at Manitoba's teen pregnancy rates, Sexually Transmitted Infection (STI) rates and usage of health and wellness services by teens.	It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development initiatives. These are activities that inform youth about sexual and reproductive health, using a harm reduction approach; to target youth who may be sexually active to reduce the potential harms	The pregnancy and STI rates measurement began in 2001/02. Pregnancy Rates (number is per 1,000 females aged 15-19): 2001/02 – 53.1	2012/13 Pregnancy Rate (number is per 1,000 females aged 15-19): 37.8 This rate is for the whole province including First Nations women on reserves.	Pregnancy Rates (for females aged 15-19) is declining: The rates of teen pregnancy have decreased from 53.7 in 2001/02 to 37.8 in 2012/13. These rates are for all Manitoba females including First Nation youth living on reserve. (Number is per 1,000 females aged 15-19): 2001/02 – 53.1 2002/03 – 50.2 2003/04 – 48.9 2004/05 – 45.2	By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in MB, it is expected that there will be an increase in youth accessing health and wellness services. If more youth access health services, there is the potential that reported STI rates

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
	associated with high risk sexual activity; improve outcomes for pregnant young women; increase teens' access to primary health care, including sexual and reproductive health; and increase teens' capacity for self-care. Comprehensive evaluation of the Healthy Adolescent Development (HAD) strategy is necessary to determine causal effects over time.	<u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1	<u>2013 STI Rates</u> (number is per 1,000 youths aged 15-19 for Chlamydia, gonorrhea (rates for syphilis are not included due to low incidence): 25.8 <u>Teen Clinic Usage</u> In 2013/14 HCMO funded teen clinics had the following number of visits: Elmwood Teen Clinic: 683 St. John's Teen Clinic: 347	2005/06 – 43.4 2006/07 – 47.3 2007/08 – 47.1 2008/09 – 47.0 2009/10 – 45.6 2010/11 – 42.4 2011/12 – 39.7 2012/13 – 37.8 <u>STI Rates</u> Rates since 2008/09 have been declining. (number is per 1,000 youths aged 15-19): 2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 8.8 2006 – 21.1 2007 – 25.9 2008 – 30.5 2009 – 26.6 2010 – 26.1 2011 – 27.2 2012 – 27.2 2013 – 25.8	for youth may increase in the short term due to increased testing and diagnosis (i.e., surveillance effect) Data for teen pregnancy rates (deliveries [of live births], therapeutic abortions, and spontaneous abortions) is collected by Health Information Management, Manitoba Health. STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health. Teen Clinics, and Teen Talk usage is collected through the Healthy Child Manitoba Office.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			Nor-Man teen clinics: 643 Selkirk Teen Clinic: 850 Swan Valley Teen Clinic: 34 Assiniboine Teen Clinics: 139	.	Teen Talk In 2013/14, Teen Talk engaged with 22,362 Manitoba youth. This includes 747 workshops delivered to 14,626 youth; 1,347 youth that participated in peer support volunteer training who delivered skits presentations to 1,951 youth and reached a total of 3,995 people through volunteer efforts. Workshops include topics such as sexuality, birth control and STI, substance use, mental health and harm reduction. In 2011, Teen Talk launched a website that includes information and resources for teens, parents and service providers and features an interactive Youth

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2013/14 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
					Corner. In 2011/12 there were 32,875 visits to the website; in 2013/14 there were 182,780 visits to the Teen Talk website.

Notes:

***Note 1*: Measures of positive parent-child interaction:**

How are these data collected?

Data from the National Longitudinal Survey of Children and Youth (NLSCY) and Survey of Young Canadians (SYC) is used. The NLSCY was initiated in 1994 to find out about the well-being of children and their families, provincially and nationally. Every two years, the NLSCY collected comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. In 2010/11, the SYC was launched, replacing the NLSCY. Information on positive parent-child interaction is collected in both surveys.

What do the most recent measures tell us?

Most children in Manitoba experience positive interactions with their parents during their first years of life. Specifically, most children in Manitoba are read to daily or several times a day. Most children in Manitoba live in families with positive parenting and positive family functioning.

Thousands of the 90,000 children under age six in Manitoba could benefit from improvements in positive parenting, reading with their parents, and family functioning. These children can be found in every community and every kind of family in Manitoba (e.g., across income groups)

Research shows that all parents can benefit from varying levels of support, information and resources to assist them in raising healthy children.

What is the trend information from previous surveys?

Reading * (% of parents who read to their child daily)			Positive Parenting** (% of children living in families with positive parenting)			Family Functioning (% of children living in families with positive family functioning)		
Year	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**
1998/99	76.1%	69.7%	1998/99	90.6%	90.6%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	91.8%	92.1%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	94.7%	95.0%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.6%	94.3%	2004/05	90.9%	91.3%
2006/07	73.6%	66.0%	2006/07	96.0%	93.7%	2006/07	92.9%	91.0%
2008/09	72.5%	67.6%	2008/09	96.3%	94.8%	2008/09	90.5%	91.1%
2010/11	74.2%	73.9%				2010/11	85.5%	91.3%

** For **Reading**, the 1998/99 data include children between the ages of 2-5; from 2000/01 to 2008/09 data include children between the ages of 0-5; and in 2010/11 data (from the SYC) include children between the ages of 3-5 years.*

*** Positive Parenting data for 2010/11 was not available at the time of publishing this report.*

***Note 2:* Readiness for School and the Early Development Instrument (EDI):**

How are these data collected and shared?

Kindergarten teachers complete the EDI questionnaire for all children in their classroom. EDI results can only be presented for groups of children; the EDI is never used to assess or report on the development of individual children.

Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first "off" year, and the most recent results from the 2012/13 school year.

Local level EDI results are shared with:

- Schools and School Divisions, including school boards, teachers, administrators, and resource workers
- Communities, including parent-child coalitions, early childhood educators, community residents, health professionals, community development and resource workers, policy makers, and parents.

Why is readiness for school so important and what are the measures used for?

'Readiness for school' is a baseline of Kindergarten children's readiness for beginning grade one. It is influenced by the factors that shape the early years, including family functioning, parenting styles, neighbourhood safety, community support, and socio-economic factors. EDI results are a reflection of the strengths and needs of children's communities.

The EDI was based on a need to measure the effectiveness of investment in ECD at a population level and based on a community need to plan and deliver effectively for ECD.

Specifically, the EDI tells us how we are doing as a province in getting Manitoba's children ready for school and this helps us to learn what is needed to support healthy child development. Furthermore, the EDI helps local communities improve programs and services for children and families.

What do these data tell us so far?
EDI results show that about two-thirds of children in Manitoba and Canada are very ready for school. However, significant numbers of children, about one in four, are not ready to learn at school entry.

Children who are not ready for school can be found in every community and every kind of family in Manitoba, (i.e., across all income levels and demographic groups).

EDI Reports with detailed information for the 2005/06, 2006/07, 2008/09, 2010/11 and 2012/13 collections are available at: http://www.gov.mb.ca/healthychild/edi/index.html

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by HCMO for fiscal year 2013/14:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2013/14**
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	**NIL**
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	**NIL**
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	**NIL**